



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90006 034 ***150.00

DOCUMENT # P97000014598					
1. Entity Name PAB SALES & MARKETING STRATEGIES, INC.					
Principal Place of Business 1585 ROBINSON DR ST PETE, FL 33710 US			Mailing Address 1585 ROBINSON DR ST PETE, FL 33710 US		
2. Principal Place of Business <i>1585 Robinson Dr.</i>		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>St Petersburg, FL</i>		City & State		4. FEI Number 59-3429865	
Zip <i>33710</i>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BISCOTTI, PATSY A 7327 161 AVENUE NORTH SAINT PETERSBURG, FL 33710 <i>1585 Robinson Dr.</i> <i>St Pete FL 33710</i>			7. Name and Address of New Registered Agent Name <i>Patsy A. Biscotti</i> Street Address (P.O. Box Number is Not Acceptable) <i>1585 Robinson Dr</i> City <i>St Pete FL</i> FL Zip Code <i>33710</i>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Patsy A. Biscotti</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BISCOTTI, PATSY A 1585 ROBINSON DR ST PETE, FL 33710	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Patsy A. Biscotti</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	